

Foster Family Home - Corrective Action Report

Provider ID: 1-588981

Home Name: Pauline Agluba, RN

Review ID: 1-588981-8

94-536 Niuli Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/30/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 5/30/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- APS/CAN for CG#1 lapsed on 9/5/19 and renewed on 11/20/19. APS/CAN for CG#2 lapsed on 9/5/19 and renewed on 11/20/19. APS/CAN for CG#3 lapsed on 12/27/18 and renewed on 1/8/19; Ecrim lapsed on 1/12/20 and renewed on 2/6/20.

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH currently with 2 private pay clients and 1 Medicaid client.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- Home's gate locked and no doorbell to gain easy access for home inspection.

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Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist:

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2 and Client #3.

Client #1- 2 medications were signed 4-5 hours ahead of administration time.

Client #2- 3 medications were signed 4-5 hours ahead of administration time.

Client #3- 1 medication that was ordered twice a day had only 1 administration time in the Medication Administration Record.

Therickel Nakawine, RN
Compliance Manager

4/30/2020
Date

Pearline Ayala
Primary Care Giver

4/30/20
Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Pauline Agluba
(PLEASE PRINT)

CCFFH Address: 94-536 Niulii Street, Waipahu, HI 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1), 8(a)(2)	CCG #1 showed lapsed documents to CTA compliance manager. Results of renewed APS/CAN for CG #1 and CG #2 were filed in home binder as well as APS/CAN and eCrim for CG #3.	5/1/2020	Home will utilize a spreadsheet to schedule Due Dates 1-2 months prior to deadline to prevent future lapses.
43(b)	Case management agency transferred one of the private pay client.	5/1/2020	In the future, home will ensure that there should be only one private pay client. CG #1 will adhere to the CCFFH rules and regulation.
50(e)	Doorbell at home gate was installed.	5/2/2020	Home will be easily accessible by the regulatory agency.
54(c)(5)	CG #1 should be attentive in signing the MAR in regards to time schedules. CMA was notified to update the time schedules in their MAR form.	5/1/2020	CG #1 should not sign medication ahead of time. Will look at all medication orders, bottles, MAR and the time to be administered and notify CMA if there are any discrepancies.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Pauline Agluba

Date: 5/18/2020

☒ CTA has reviewed all corrected items